



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10558

186a

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

all life

Hospital, Institution, or street address where death occurred:

137 Queen St.

How long in hospital or institution?.....

3. (a) FULL NAME

Cora Baldwin

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

white

Widowed

6.(b) Name of husband or wife

John W. Walker Baldwin

7. Birth date of deceased (mo., day, yr.)

April 13 1856

6.(c) If alive, give age.....years

8. AGE:

Years
92Months
6Days
18If less than one day
hrs. min.

9. Birthplace.....

Kent Co. Maryland

(Town, county, and state)

10. Usual occupation.....

Home

11. Industry or business

Jewelry Mfgt

MOTHER FATHER

12. Name

Jewelry Mfgt

13. Birthplace

Kent Co. Maryland

14. Maiden name

Anastasia Garrison

15. Birthplace

Kent Co. Maryland

16. Informant.....

Mrs. George W. Baldwin

Address

Charles, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof
(month) (day) (year)
Nov. 2 1948

Cemetery or crematory.....

Charles

Location.....

Charles, Maryland

18. Funeral director.....

Wm. V. Wilkins

Address

Charles, Maryland

19. Nov. 2 1948

(Date rec'd by registrar)

Clara S. Barnes.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Kent

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.

137 Queen St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 31 1948 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 15 1948 to Oct. 26 1948

and that I last saw her alive on Oct. 26 1948

Immediate cause of death.....

Senility

Due to.....

Due to.....

Other conditions.....

Fractured Femur bone

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of 3d. 1948

Where did injury occur?..... Chestnut County Kent (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Fall

Injured at work?.....

23. SIGNATURE

Frank J. Smith M. D. or other

Address..... Chesterton Md. Date signed Nov. 1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10560

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 days.

Hospital, Institution, or street address where death occurred:

Kent and Queen Ann Hosp.

How long in hospital or institution?.....

3. (a) FULL NAME

George Harvey Beaston

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife.....

Isabelle Beaston

7. Birth date of deceased (mo., day, yr.)

January 21 1872

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

76

8

14

hrs. min.

9. Birthplace.....

Kent Gene / Kent Co. Md.

(Town, county, and state)

10. Usual occupation.....

Bookkeeper

11. Industry or business.....

Retail

FATHER

12. Name.....

George S. Beaston

13. Birthplace.....

Kent Co. Maryland

14. Maiden name.....

Sallie Hill

15. Birthplace.....

Unknown

16. Informant.....

Mrs. Isabelle Beaston

Address.....

Kennedyville, Maryland

17. Burial

Date thereof.....

Oct. 8 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Still Pond

Location.....

Still Pond / Kent Co. Md.

18. Funeral director.....

Maine V. Williams

Address.....

Chesapeake Maryland

19. Date rec'd by registrar.....

Oct. 7 1948 Clara S. Barnes.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Kent

City or town.....

Kennedyville

Street No.....

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Oct. 5

1948 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Oct. 5 1948

Immediate cause of death.....

Pulmonary

Disease

Key Cardiac

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

None

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

No

Date of.....

Where did injury occur?.....

none

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

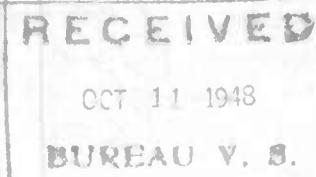
Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed Oct 6 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10559
203

Reg. Dist. No.

94a

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

life

Hospital, Institution, or street address where death occurred:

Grey's Inn

How long in hospital or institution?.....

3. (a) FULL NAME

Thomas Franklin Benton

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

f.

married

6. (b) Name of husband or wife

Elyce ~~E. E.~~ Benton

7. Birth date of deceased (mo., day, yr.)

Feb 5 1881

6. (c) If alive, give age.....

67

years

8. AGE:

Years

Months

Days

If less than one day

67

10

16

hrs.

min.

9. Birthplace.....

Kent Co. Md.

(Town, county, and state)

10. Usual occupation.....

Gardener

11. Industry or business

own

12. Name

Thomas B. Benton

13. Birthplace

Kent Co.

14. Maiden name

Ethel Beck

15. Birthplace

Kent Co.

16. Informant.....

Elyce Benton

Address

Rock Hall Md.

17. Burial

Date thereof Oct. 24 1948

(month)

(day)

(year)

Cemetery or cemetery

Wesley Chapel

Location

Rock Hall Md.

18. Funeral director

Edward L. Lassie

Address

Colindale Hill Md.

19. 10/23

19 48

S. Elwood Burgess

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Kent

City or town.....

Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Grey's Inn

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Oct 21

19 48

at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 20

19 40

to Oct 21 19 48

and that I last saw h. in alive on

Oct 20

19 48

Immediate cause of death.....

Coronary occlusion

Due to.....

Coronary sclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

1

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide.....

1

Date of

Where did injury occur?.....

1

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

1

Means of injury.....

1

Injured at work?

23. SIGNATURE

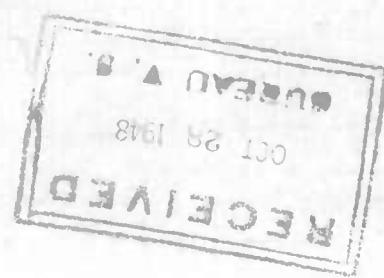
Albert A. Burgard

M. D. or other

Address.....

Rock Hall, Md.

Date signed 10/23/48



T PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10561

CERTIFICATE OF DEATH

Reg. Dist. No. 202

107

1. PLACE OF DEATH:

County.....

City or town..... CHESTER TOWN M

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... LIFE

Hospital, institution, or street address where death occurred: PROSPECT ST

How long in hospital or institution?.....

3. (a) FULL NAME

Wilbur Broadway

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

col.

single

B. (b) Name of husband or wife.....

none

7. Birth date of deceased (mo., day, yr.)

May 20, 1927

6. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

21

4

29

hrs. min.

9. Birthplace..... Chestertown, Md.

(Town, county, and state)

10. Usual occupation..... none

11. Industry or business

12. Name..... Joseph Broadway

13. Birthplace..... Maryland

14. Maiden name..... Susie Brown

15. Birthplace..... Maryland

16. Informant..... Laura Broadway (grandmother)

Address..... Chestertown, Md.

17. Burial

Date thereof..... Oct. 21, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Quaker Neck (Col.) Cem.

Location..... Chestertown, Md.

18. Funeral director..... J. Willis Wells

Address..... Chestertown, Md.

19. Date rec'd by registrar..... Oct. 21, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD.

County..... KENT

City or town..... CHESTER TOWN

(If outside city or town limits, write RURAL and give nearest town)

Street No..... PROSPECT ST -

(If rural, give LOCATION)

2. (a) If veteran, name war..... NO

3. (b) Social Security Number

NO

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Oct. 19

1948, at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

Oct. 1, 1948, to Oct. 19, 1948

and that I last saw him alive on Oct. 9, 1948

Immediate cause of death.....

Broncho Pneumonia

Due to..... Heart condition

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE..... Albert A. Burgard M.D.

M.D. or other

Address..... Rock Hall, Md. Date signed..... Oct. 20, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10562

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

138

1. PLACE OF DEATH:

County.....

City or town.....

Kent
Clifton City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Chesapeake P.D. #3

How long in hospital or institution?

3. (a) FULL NAME

Mary C Wrighton Hadaway

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife.....

Clarence W. Hadaway

7. Birth date of deceased (mo., day, yr.)

October 17, 1882

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

65

11

15

hrs.

min.

9. Birthplace.....

Baltimore City - Maryland

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

Home

12. Name.....

Thomas J. Wrighton

13. Birthplace.....

Baltimore Maryland

14. Maiden name.....

Mary Jane Smith

15. Birthplace.....

Salisbury Maryland

16. Informant.....

Mr. Clarence W. Hadaway

Address.....

Chesapeake P.D. #3 Maryland

17. Burial.....

Date thereof..... Oct. 5/1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

London Park

Location.....

Baltimore Maryland

18. Funeral director.....

Maurice V. William

Address.....

Chesapeake Maryland

19. Oct. 5

1948

Clara S. Barnes.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Kent

City or town..... Clifton

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Chesapeake P.D. #3

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 2 1948 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10:45 AM October 2 1948

and that I last saw her alive on October 2 1948

Immediate cause of death.....

Pulmonary tuberculosis

Due to.....

Cerebral hemorrhage

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

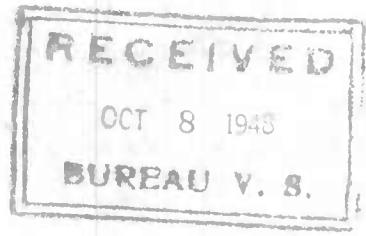
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injuring work?

23. SIGNATURE

Frank C. Smith M. D. or other

Address..... Chestertown Date signed..... Oct. 5/1948



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 21

1. PLACE OF DEATH: Found: Chesapeake Bay near the mouth of Chester River
 (a) Baltimore City, Maryland
 (b) Street address: 3205 Rogers Avenue
 (c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
 (e) Length of stay in Baltimore (yrs., mos., or days)

2. THE USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County _____
 (c) City or town Baltimore City
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. 3205 Rogers Avenue
 (If rural give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3 (a) FULL NAME

EDWARD W. LEHTO

3 (b) If veteran, name war _____ 3 (c) Social Security Account No. D.

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced? Divorced

6 (b) Name of husband or wife Hilja 6 (c) If alive, give age 40 years

7. Birth date of deceased (mo. day, yr.) March 3, 1908

8. AGE: Years 40 Months 7 Days 2 If less than one day hr. min.

9. Birthplace? Minneapolis, Minn.
(Town, county, and state)

10. Usual Occupation Deckhand

11. Industry or business Arundel Corp.

12. Name Geo. Edward Lehto

13. Birthplace? Finland

14. Maiden Name Helma?

15. Birthplace? Finland

16 (a) Informant Arundel Corp.

(b) Address

17 (a) Burial (b) Date thereof 10-15-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore National
Location Bald Knob

18 (a) Funeral director Leonard J. Lusk

(b) Address 5308 Harford Rd

19 (a) Oct. 14-48 (b) W. Lehto
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1948, at 12:25 P.M.

21. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary or contributing cause of death, fill in the following:

(a) Date of injury 10-5-48 at 11:15 A.M.

(b) Where did injury occur? Chesapeake Bay, 3/4 mile below 7th Knoll

(c) Did injury occur at home, on farm, industrial place, in public place? Chesapeake Bay While at work? Yes

(d) Means of injury Submersion Capsized

23. Signature Earl L. Lusk M.D.
Medical Examiner

Date signed 10-13-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10564

CERTIFICATE OF DEATH

183
Reg. Dist. No. 202

1. PLACE OF DEATH:

County

Kent

Chesapeake

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

all day

Hospital, institution, or street address where death occurred:

Chesapeake Hospital Form Wd

How long in hospital or institution?

none

3. (a) FULL NAME

Ollie Theodore Nudles

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Married

6. (b) Name of husband or wife

Myrtle C Nudles

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 13 1903

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

45

A

17

9. Birthplace

Chesapeake Kent Co. Maryland
(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

12. Name

William Henry Nudles

13. Birthplace

Chesapeake Kent Co. Md.

14. Maiden name

Emma E. Gardner

15. Birthplace

Chesapeake Kent Co. Maryland

16. Informant

Mrs. Emma E. Nudles (Mother)

Address

Chesapeake Maryland

17. Burial

Date thereof

M. 11, 1948
(month) (day) (year)

Cemetery or crematory

Chesapeake

Location

Chesapeake Maryland

18. Funeral director

Maurice V. Williamson

Address

Chesapeake Maryland

19. Nov. 11, 1948

Date rec'd by registrar

Clara D. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

Kent

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Year

Padley Bridge Boston Rd

2.(a) If veteran, name war

3. (b) Social Security Number

216-09-0099

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 30

1948 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from [unclear] and signed certificate
and that I last saw him alive on [unclear]
immediate cause of death [unclear]22. Due to [unclear]
[unclear]

Due to [unclear]

Due to [unclear]

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident Suicide or homicide Date of [unclear]
Where did injury occur [unclear] (City or town) [unclear] (County) [unclear] (State)

Injured at home, farm, industry, public place (where?)

Cause of injury

Motor Car

Injured at work? No

23. SIGNATURE Date signed

Signature

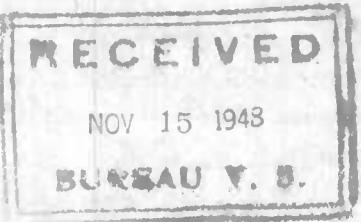
Nov 11/48

M. D. or other

Address

Chesapeake

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10565

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

life

Hospital, Institution, or street address where death occurred:.....

Piney Neck

How long in hospital or institution?.....

3. (a) FULL NAME

Mary Jane Scott

4. Sex

fem.

5. Color or race

col

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife.....

John Scott

6. (c) If alive, give age..... years

71

7. Birth date of deceased (mo., day, yr.)

May 22 1880

8. AGE:

Years
68Months
4Days
29

If less than one day

hrs. min.

9. Birthplace.....

Rock Hall, Md.

(Town, county, and state)

10. Usual occupation.....

Housework

11. Industry or business

Own house

12. Name.....

Thomas Pierce

13. Birthplace

Chester County, Pa

14. Maiden name.....

Rachel Cotton

15. Birthplace

Rock Hall, Md.

16. Informant.....

Emma Scott

Address

Rock Hall, Md.

17. Burial

Date thereof Oct 24 1948

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory.....

Shumpton

Location.....

Near Rock Hall Md

18. Funeral director.....

Asbury Henry

Address

Chesapeake Md.

19. Oct 23

1948

S. Edward Burgess

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Kent

City or town..... Rock Hall, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Piney Neck

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

October 21 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 31 1948 to Oct 21 1948

and that I last saw her alive on Oct 19 1948

Immediate cause of death.....

cerebral hemorrhage

Paralysis of right side

Hypertension

DURATION

Due to.....

Heart conditions

Due to.....

Heart conditions

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Data of op. /

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. witness

Address..... Rock Hall, Md. Date signed. Oct 22 1948



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

172
Registered No. 10500

1. PLACE OF DEATH Found: Chesapeake Bay at the
 (a) Baltimore City, Maryland mouth of Chester River
 (b) Street address.
 (c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days).
 (e) Length of stay in Baltimore (yrs., mos., or days).

3 (a) FULL NAME

JOHN

3 (b) If veteran, name war	3 (c) Social Security Account No.
----------------------------	-----------------------------------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jeanette Enders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 3, 1897

8. AGE: Years	Months	Days	If less than one day
51	0	2	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Captain of Tugboat

11. Industry or business Arunder Corporation

MOTHER | FATHER
12. Name Samuel Tarbutton

13. Birthplace Maryland

14. Maiden Name Elizabeth Eaton

15. Birthplace Maryland

16 (a) Informant Family

(b) Address 1508 Battery Avenue

17 (a) Burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Baltimore, Maryland

18 (a) Funeral director James L. De Ceney

(b) Address 1308 Fort Ave.

19 (a) 10-14-48 G. W. Hedrick
(Date rec'd by registrar)

88 Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1508 Battery Avenue

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

TARBUTTON

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1948, at 1:25 PM

21. I certify that I took charge of the remains described above, held an Inspec... & Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary or contributing cause of death, fill in the following:

(a) Date of injury 10-5-48 at 11:15 A. M.

(b) Where did injury occur Chesapeake Bay, 3/4 mile below 7th Knoll

(c) Did injury occur at home, on farm, industrial place, in public place? Chesapeake Bay While at work? Yes

(d) Means of injury Tugboat Capsized

23. Signature *Earl Boyer* M.D.

Medical Examiner

Date signed 10-13-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10567

CERTIFICATE OF DEATH

Reg. Dist. No. 202

830

1. PLACE OF DEATH:

County.....

City or town.....

Kent
Charles

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or other address where death occurred:

Charles P. D. #3

How long in hospital or institution?

3. (a) FULL NAME

William Henry Thompson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Col.

Widow

6. (b) Name of husband or wife

(late) Walter James Thompson

7. Birth date of deceased (mo., day, yr.)

Apr. 10 1867

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

81

6

8

hrs. min.

9. Birthplace

Kent Co. Md.

(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

Family

12. Name

W. H. Thompson

13. Birthplace

Kent Co.

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

W. H. James Thompson

Address

Charles Maryland

17. Burial

Date thereof: Oct. 31 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Stony Brook

Location

Dear Failure Kent Co. Md.

18. Funeral director

Maine L. Williamson

Address

Charles Maryland

19. Date rec'd by registrar

Oct. 21 1948

(Date rec'd by registrar)

Clara S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Kent

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Charles P. D. #3

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 18

1948

at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....

1948 to Oct. 18 1948

and that I last saw him alive on Oct. 15 1948

Immediate cause of death

General Hemorrhage

DURATION

2 days

Due to: High blood pressure

Due to:

Other conditions bad heart old age

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. P. Cofield

M. D. or other

Address: Chestertown

Date signed: Oct. 19 1948

